Module 11:
Supporting People with Serious Mental Illness and Dementia:
Schizophrenia and Dementia
Federal definition:

- Ages 18 and older
- Having at any time during the past year a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.

SAMHSA, 2015, 2016
Types of Serious Mental Illness

- **Schizophrenia**
- Bipolar disorders
- Major depressive disorders
- Schizoaffective disorders
- Obsessive-compulsive disorders
- Post traumatic stress disorders
Natalia

- Withdrawn
- Expressionless
- Doesn’t want to be touched
- Usually does what she’s asked
Li

- Lives in a Behavioral Health Adult Foster Care Home
- Is missing appointments
- Symptoms are worsening
- Limited mobility
Jerome

- Feels people are trying to get him
- Shouting at caregivers
- Cursing
- Hitting staff
- Aggressive toward residents
The Experts

- Glenise McKenzie, PhD, RN
- Karen Shenefelt, MSW
- Tim Malone, LCSW
- Ann Wheeler, PharmD
- Dianne Wheeling, MNE, RN-C
Schizophrenia

Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. A person with schizophrenia may seem like they have lost touch with reality.

www.nimh.nih.gov/health/topics/schizophrenia/index.shtml
Schizophrenia in DSM-5

- Two or more of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):
  - Delusions*
  - Hallucinations*
  - Disorganized speech*
  - Grossly disorganized or catatonic behavior
  - Negative symptoms
  *At least one of these must be present

- Level of functioning markedly below levels prior to onset
  - Work
  - Interpersonal relations
  - Self care

- Continuous signs of disturbance present for at least 6 months

- Other psychiatric disorders are ruled out (e.g., Schizoaffective disorder, depressive or bipolar disorders)
Schizophrenia

- **U.S.**:  
  - 1% of the population, 45-64 years  
  - 0.05 - 0.1%, 65+ years

- **Oregon**:  
  - More than 40,000 adults  
  - Between 2,000 and 4,000 older adults

- **Average age of onset**:  
  - 21 years for men  
  - 27 years for women

- Late onset (after 40 years) rare

- **Risk factors**:  
  - Genes, environment  
  - Brain chemistry, structure

- **Economic burden**: $6.85 billion

- **Increased mortality**  
  (CDC, NIMH, Cohen et al., 2015)
Schizophrenia in Older Adults

- Much is unknown about the progression of the disease
- .05 - .1% of people 65+
- People with schizophrenia are living longer
- Numbers will double from 2000 to 2025 to 1.1 million
- 85% live in community settings

Harvey & Davidson (2002)
Schizophrenia

- Symptoms
  - Positive
  - Negative
  - Cognitive
Positive Symptoms

- Psychotic behaviors not usually seen in healthy people:
  - Hallucinations
  - Delusions
  - Thought disorders

(NIMH, www.webmd.com/guide/schizophrenia-symptoms)
Positive Symptoms in Later Life

- Positive symptoms in later life
  - Fluctuating symptoms over the life course
  - Evidence of long term remission for about 25%
  - More likely to hear encouraging, friendly voices (and obey them)
  - Improvement in coping skills

(Cohen et al., 2015)
Disruptions to or lack of emotions and behaviors usually seen in healthy people.

Negative symptoms include:

• Flat affect
• Reduced feelings of pleasure in everyday life
• Difficulty beginning or sustaining activities
• Reduced speaking

NIMH
Negative Symptoms and Depression in Later Life

- Negative symptoms
  - Rates are similar to younger populations with schizophrenia
  - Fluctuation throughout the life course

- Depression
  - Rates are similar to younger populations with schizophrenia
    - 44% persistent syndromal or subsyndromal depression
    - 26% fluctuated between depression and nondepression
    - 30% persistently nondepressed

Cohen et al., 2015
Cognitive Symptoms

- Cognitive symptoms: thinking and processing information
- Great variability among individuals
- Examples:
  - Poor executive functioning
  - Trouble focusing or paying attention
  - Problems with working memory
  - Inability to understand or use information
Schizophrenia and Cognitive Decline in Older Adults

- Mixed findings
  - 50% stable cognition, 40% slight decline, 10% rapid decline

- Two cohorts
  - 75+ many years of institutionalization and psychotropic medications
  - 55-74 fewer hospitalization, exposure to recovery service models, atypical psychiatric medications

- Accelerated functional and cognitive decline in old age associated with:
  - History of institutionalization
  - Severe and persistent positive or negative symptoms
  - Low levels of formal education

(Cohen et al., 2015; Harvey & Davidson, 2002)
Schizophrenia and Health in Later Life

- Shorter life expectancy
- 2% positive health and well-being in old age
- Life style factors and psychotropic medications
  - Cardiovascular disease
  - Diabetes
  - Metabolic syndrome
  - Obesity
  - Tobacco use
- Diminished access to health care
- Low levels of disease management

(Cohen et al., 2015, Mayo Clinic)
Eliminating symptoms through:

- Antipsychotic medication
- Psychosocial treatments (Cognitive Behavioral therapy, coping strategies, supported employment)
- Coordinated specialty care
- Supporting community integration
Psychotropic Medications and Schizophrenia

- Symptom management
- Adverse affects with long term use
Video clips

- Ann Wheeler
Natalia

- Diagnosed with schizophrenia at 27 years
- Long-term use of psychotropic medications
- Multiple psychiatric hospitalizations
- Alcohol and drug use
- Periods of homelessness
- No natural support system
Natalia – What is going on?

- **Observations**
  - Withdrawn
  - Expressionless
  - Doesn’t want to be touched
  - Usually does what she’s asked

- **Does she have:**
  - Depression?
  - Dementia?
  - Negative symptoms?
What is going on?

Deception and schizophrenia

- 40% older adults
- Risk factors:
  - Positive symptoms
  - Poor health
  - Low income
  - Diminished social support
- Increased risk of suicide (though lower than risk in younger adults)

Dementia and schizophrenia

- Common to both
  - Degree of impairment similar (MMSE)
  - Impaired recognition memory
  - Risk factors (low education, advanced age)
- Specific to Alzheimer’s disease
  - More precipitous and progressive decline
  - More global deterioration
  - Worse on delayed recall
  - Presence of plaques and tangles in brain

Desai et al., 2010
Video clips

- Ann Wheeler
- Karen Shenefelt
Supporting Natalia

- History
- Screen for depression
- Neuropsychological exam
- Medical evaluation, including medication review
Video clips

- Karen Shenefelt
- Dianne Wheeling
Li

- Long periods of remission
- Independent with support
- Changes:
  - Increasing forgetfulness
  - Increase in positive symptoms
  - Inability to perform his job
  - Changes in movement
  - Loss of abilities to manage symptoms
  - Getting lost in familiar areas
Tardive Dyskinesia

- A drug-induced movement disorder (a “extrapyramidal symptom”)

- Symptoms
  - Random and non-rhythmic movements, especially tongue, lips, jaw
  - Repetitive finger and toe movements
  - Rocking, jerking, flexing, or thrusting trunk or hips

- Risk factors
  - Long-term use of antipsychotic medications
  - Older age, female
  - Substance misuse disorder
  - African American or Asian American

- Prevention: Atypical antipsychotics only as needed, low doses, short time as possible

www.nami.org
Dementia and Schizophrenia

- Validity of dementia assessment tools
- Dementia masked by deficits related to schizophrenia
- How does the diagnosis affect care and support?
- Focus on *symptoms* and *function*
Video Clip

- Glenise McKenzie
Video clips

- Dianne Wheeling
Supporting Li

- Review medications
- Adapt the environment to support aging in place
- Staff training in dementia care
- Provide IADL and ADL support as long as possible
- Long term planning
Jerome

- Delusions (paranoia)
- Possible hallucinations
- Disorganized speech
- Violent behaviors
- Agitation
Video Clips

- Tim Malone
- Ann Wheeler
- Karen Shenefelt
What’s Happening with Jerome?

- Thorough assessment for:
  - Pain
  - Constipation
  - Adverse drug effects
  - Sleep disturbance
  - Delirium
  - Sensory deficits

- Personal, social history
- Environmental assessment
Antipsychotic Medications and Dementia

Dangers – adverse effects

- Death
- Stroke
- Heart attack, cardiac arrhythmias
- Falls
- Diabetes
- Extrapiramidal symptoms (EPS)
  - Parkinsonism, tardive dyskinesia

- Don’t address most symptoms associated with dementia!!
  - Chemical restraint
- Reduce well-being, quality of life
Video -- clips

- Ann Wheeler
Supporting Jerome
Behavioral Assessment

- Use of behavioral monitoring log
  - When?
  - What?
  - Where?
  - Who was there?
  - How did the person respond?
  - Why? What were the possible triggers?
Supporting Jerome

What they learned
- Assault victim
- Poor hearing
- Old injury
- Crowded spaces

What they did
- Calm, approach from front
- Pain medications before care
- Rearranged room
- Followed preferences
Summary

- Understand the symptoms
  - Examine medical, social, psychiatric histories for insight
  - Thorough medical exam
  - Assess hearing and vision
  - Environmental assessment
  - Thorough neurological, psychiatric exam

- Review medications
  - Eliminate? Reduce? Change?
  - Anticholinergic Burden?
  - Benzodiazepines?

- Balance
  - Support preferences, quality of life
  - Address safety and care needs
Implications for Aging Services

- Challenge stigma – don’t be afraid of the diagnosis!
- Be knowledgeable about symptoms and basic treatment
- Understand people with schizophrenia can live successfully
- Understand complications related to co-occurring conditions
- Contact your Older Adult Behavioral Health Specialist!
Implications for Behavioral Health Providers

- Be knowledgeable about age-related changes
- Understand how they impact service needs and treatment options in old age
- Understand dementia and dementia support
- Be prepared to support people in the setting they prefer by providing ADL and IADL support
- Contact aging services! [www.ADRCofOregon.org](http://www.ADRCofOregon.org) 1-855-ORE-ADRC (673-2372)
Implications for Aging and Behavioral Health Providers

- **PARTNER** with each other and with health providers
- Always do a thorough evaluation with changes in behaviors
- Focus on understanding **symptoms** to maximize **function** and quality of life
video

- Glenise McKenzie
Feedback Survey

Please give us your feedback on this training module

https://www.surveymonkey.com/r/59WVQXY

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